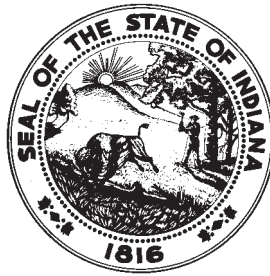

**SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST
AND MENTAL HEALTH COUNSELOR BOARD**

**APPLICATION FOR APPROVAL TO PROVIDE
CATEGORY ONE CONTINUING EDUCATION
FOR LSW / LCSW / LMFT / LMHC**



Return the completed application and supporting documentation to:

Health Professions Bureau
Attn: SW/MFT/MHC Board
402 West Washington Street, Room W066
Indianapolis, Indiana 46204

**For more information on the Social Worker, Marriage and Family Therapist and
Mental Health Counselor Board, please visit our website at
www.in.gov/hpb/boards/mhcb.**

GENERAL INFORMATION AND INSTRUCTIONS

- There is a fifty dollar (\$50) application fee that must be submitted with this application.
- Organizations not on the approved list must apply for the approval with the Social Worker, Marriage and Family Therapist, and Mental Health Counselor Board if they wish to present programs for Category 1 Continuing Education credit for those licensed to practice in the State of Indiana.
- Organizations applying for approval must submit the application form provided by the Board at least *ninety (90) days* prior to the date of the organization's presentation of a program for Continuing Education credit.

The approval, if granted, shall remain in effect until March 31st of the next even-numbered year. At that time, your organization will be required to complete a Continuing Education Renewal Application in order to have your approval extended for an additional two years.

Programs presented: (a) prior to the receipt of approval, or (b) after the withdrawal or termination of approval of the organization by the Board shall not count toward Continuing Education requirements.

AN APPROVED ORGANIZATION MUST MEET THE FOLLOWING CRITERIA IN PROVIDING CONTINUING EDUCATION PROGRAMS

- All programs shall have a statement of objectives.
- The sponsor shall provide adequate administration, including a person to coordinate the programs and maintain proper records.
- Sponsors must provide adequate funding for all programs.
- All programs shall have qualified faculty members with demonstrated competence in the subject area.
- All programs shall be held in adequate facilities, and must be handicapped accessible.
- All programs may employ a variety of educational methods and teaching aids that enhance the learning opportunities.
- Appropriate methods of evaluation shall be devised and used to measure the effectiveness of all programs.
- The sponsor shall provide the participant a meaningful record of attendance stating the Continuing Education hours involved.
- The sponsor shall maintain attendance records for a minimum of *four (4) years* from the date of the programs. These records must include the date of the programs, the program titles, the presenter's name, the names of all participants and the number of Continuing Education hours granted each participant.
- The sponsor of the program is responsible for monitoring attendance in such a manner that verification of attendance throughout the entire program can be reliably assured.

The application, when completed, will be reviewed by the appropriate section of the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board at their next scheduled meeting. If you need additional information, please feel free to contact the Board at (317) 234-2064 or by email at hpb5@hpb.state.in.us.

1.) Statement of Objectives: Each Continuing Education (CE) presentation should have two or more learning objectives and these should be made known to potential attendees in your presentation announcement. How is your organization going to meet this requirement?

2.) Learning Objectives: Do you have learning objectives for your overall educational program? ☐ Yes ☐ No
If your answer is "yes", what are they?

3.) Responsible Person for Education: Who within your organization will be developing and implementing your educational program? What are the credentials of this person/these people?

4.) Maintenance of Records: We require that you keep records of the presentations your organization makes and of the attendees for a minimum of six (6) years. How do you propose to accomplish this?

5.) Adequate funding: How will your educational programs be financed?

6.) Curriculum: It is required that each presentation explore one subject or a closely related group of subjects in sufficient depth to be meaningful to professional attendees. What topic(s) does your organization propose to teach within its CE program(s) and/or how will they be selected?

7.) Previous Programs: Have you already presented a seminar/workshop/training on this topic(s)? If so, where and when?

8.) Faculty: How does your organization plan to select and credential CE presenters?

9.) Facilities: It is required that CE be given in an environment conducive to adult learning. Where do you anticipate that your organization's CE will be presented and what will the presentation rooms be like?

10.) Educational Methods and Aids: Do you anticipate that your organization's educational presentations will be lectures, seminars, demonstrations, or something else entirely? Will there be audio-visual aids? Will a syllabus be available to attendees?

11.) Program Evaluation: It is required that some sort of tool is available to program attendees, in which they can measure the quality and effectiveness of the CE program(s). How will your organization ensure program evaluation is adequate? If you have already created an evaluation form, please attach that form to this application.

12.) First CE Program Planned: It is required that applications be submitted at least ninety (90) days prior to your first CE offering under our accreditation. What is the date of your first planned CE event with accreditation from this board?

13.) Attendance Record: It is required that program attendees are given some tangible record of their attendance at your CE program (*i.e. certificate, letter, etc.*). How will you provide this?

PLEASE ATTACH THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1.) Mission Statement: Such statement should be related to Continuing Education for Social Workers, Clinical Social Workers, Marriage and Family Therapists and/or Mental Health Counselors to this application. Evidence that the leadership of your organization has reviewed and approved of this statement, in the form of appropriate signature(s) and date(s), is required. If you are applying to present CE as an individual, please write your own such statement. Such a statement should be in the format of a brief paragraph or two covering the organization and its educational goal(s), the target audience(s), the anticipated number of presentations per year, and if possible, the expected educational outcome(s).

2.) Table of Organization: The table should highlight the relationship of CE coordinator(s) or provider(s) to your organization's leadership. Again, if you are an individual applying to present CE, simply state this on the form.

APPLICATION AFFIRMATION

I hereby swear and affirm, under penalties of perjury that the statements made on this application are true, complete and correct.

Signature of applicant

Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Health Professions Bureau of Indiana, or the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board, any files, documents, records, or other information pertaining to the named individual or organization requested by the Bureau or the Board or any of their authorized representatives, in connection with processing this application for approval for approval of an organization to provide Continuing Education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Health Professions Bureau of Indiana, or the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to disclose to the aforementioned organizations, persons, and institutions, any information which is material to this application, and I hereby specifically release the Bureau, and the Board, from any and all liability in connection with such disclosures.

I also agree to periodic state monitoring of our programs at the discretion of the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear and affirm that I have read the above statements and agree to the same.

Signature of applicant

Date signed (*month, day, year*)